**Take your pick**

**ADA education — now in 3-D!**

By Fred Michmershuizen, today Staff

In a first-of-its-kind presentation at the ADA annual meeting on Friday afternoon, Dr. L. Stephen Buchanan, a practicing clinician from Santa Barbara, Calif., demonstrated some of the cutting-edge technology he uses in his practice.

*Magnification with a 3-D camera, CT imaging and 3-D printing allow dentists to see internal and external*

**Scenes from the ADA**

CAD/CAM live on stage, apps for kids and a whole lot of new products.  
*pages 4–8*

**What’s in your varnish?**

Be careful. Rosins in your fluoride varnish may be hurting your patients.  
*page 12*

**Digital dentistry the easy way**

New system gives you everything you need to place and restore an implant.  
*page 18*

**ADA 2015 attendees pass beneath a section of the ‘Five Easy Pieces’ installment by Chicago artist Donald Lipski on their way to and from the exhibit hall Friday afternoon. The artwork hangs in the South Rotunda of the Walter E. Washington Convention Center. (Photos/Robert Selleck, today Staff)**
The Terauchi File Retrieval Kit (TFRK) makes removal of separated file segments manageable and predictable for every clinician.

This micro-lasso is a technological innovation that will change the nature of file retrieval. The device is comprised of a micro-lasso at the end of a stainless steel cannula with a sliding handle that tightens the loop when pulled. File fragments can be removed with ease—making what was a frustrating process a simple and straightforward one.

Order today, call (888) 426-7780 or visit www.DentalCadre.com

TERAUCHI FILE RETRIEVAL KIT: $1,295  $1,299
International shipping available.
**From page 1**

**EDUCATION**

Dental anxiety that you would never see otherwise,” Buchanan told ADA before this year’s meeting. “It’s revolutionizing our endodontic training, diagnoses, treatment planning and procedures.”

During “The Art of Endodontics: A Live 3-D Clinical Demonstration,” Buchanan performed endodontic treatment on a patient’s upper first molar. His goal was to help attendees understand how CT imaging and 3-D technology can be used for diagnosis and treatment planning for complex cases. Earlier on Friday, he presented a lecture, “Treatment Plan: Endo Vs. Implants.”

Buchanan is founder of Dental Education Laboratories a teaching facility devoted to hands-on endodontic instruction. The company is exhibiting in booth No. 1961.

Speaking of the exhibit hall, there is a wide range of educational opportunities going on. There’s a Live Patient CAD/CAM Stage, a Dental Office Design Center, a New & Emerging Speakers Series, a Laser Pavilion, a Specialty Pavilion, a Health and Fitness Pavilion, an Interoperability Standards section, plus a Pride highly compact way to find all sorts of new high-tech products: Henry Schein is using the meeting to launch its new “Equipment & Technology Catalog,” which features expanded equipment offerings, digital imaging, CAD/CAM solutions, practice management software and more. The catalog features a new digital resource that enables each page to transform into an online, interactive experience to better enable you make informed purchasing decisions.

By using the Henry Schein Xtra app, you can watch videos and product demonstrations, read product literature, learn about special events or promotions and connect with manufacturer apps or a Henry Schein representative.

**PICK**

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**Above,** from left, Michelle tribarren, Mike Cash, Suzanne Harms and The Terminator prepare to receive Glidewell Laboratories’ Pride Institute 2015 Best of Class Technology Award Friday afternoon.

**From page one**

Dr. L Stephen Buchanan speaks to meeting attendees at the commencement of his live patient demonstration — presented in 3-D — on Friday afternoon.

Institute Technology Expo — all offering classes and presentations. Check your meeting guide for exact times and locations.

In addition, many exhibitors are teaching meeting attendees about the latest technology right in their booths here at ADA.

**From page 1**

**Tribune America**

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**dti**

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Opinions expressed by authors are their own and may not reflect those of Tribune America or Dental Tribune International.
Scenes from Friday

Ashley Atum of Worlds of Wow (booth No. 514), a company that makes themed spaces for dental practices.

Alana Seiders of ClearCorrect (booth No. 1044).

A speaker offers an educational presentation to meeting attendees at Nobel Biocare (booth No. 3000).

David Bugden, DDS, of Silver Spring, Md., checks out the LED DayLite WireLess headlight in the Designs For Vision booth, No. 800 (also find Designs For Vision in booth No. 3029).

Shreeti Ruparelia, left, and Scott Slagle of Acteon North America (booth No. 2515).

Ed Suh offers an educational presentation at the live CAD/CAM stage Friday morning in the exhibit hall.

Kevin Maidy of SS White Dental (booth No. 1709).

A speaker offers an educational presentation in the Pride Institute Technology Expo on the exhibit hall floor.

Photos by Fred Michmershuizen and Robert Selleck
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¹Clinicians Report, TRAC Research, July 2014

*Price does not include multi-unit abutments, shipping or applicable taxes.

GLIDEWELL LABORATORIES
Premium Products - Outstanding Value
Miriam Sznycer-Taub, left, and Jill Malmgren of America’s Toothfairy: NCOHF (booth No. 3154).

Jerry Garbutt, left, and Nick Toal of Global Surgical Corp. (booth No. 628).

Meeting attendees stop to recharge in the ADA Member Center on the exhibit hall floor.

Alyssa Newman, left, and Aitziber Martinez of META BIOMED (booth No. 3045).


Harold Alba of Handpiece Solutions (booth No. 1119).

Philips Sonicare and Zoom! Whitening (booth No. 605).

Jefel Santos, left, and Camille Rios of Denovo Dental (booth No. 2302).

From left: Nikki, Jason and Lily from NuSmile (booth No. 2805).
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Unleash the power of SUPER-FAST scanning in color with the touch of a button and a change of a tip. Process your 3D scans faster than ever before. Powerful optics, rapid data processing, portability and network capability optimize the restoration process with speed, ease and accuracy.

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Visit us at the ADA - Booth #2107
From left: Stephanie Butler, Kelly Sheffer and Karen Benoit of Nanova Biomaterials (booth No. 1051).

From left: Deborah Lyle, Carol Jahn and Mike Jorgensen of Water Pik (booth No. 2901).

From left, Josef Wollmann, DDS, of Mcallen, Texas, learns about the Anutra Local Anesthetic Delivery System from Anutra Representative Pat Peri and Anutra Founder Dan Davidian at the booth, No. 546.

Gregory Vogel, left, and Jerry Vogel of Panthera Dental (booth No. 3404), a company that offers devices designed to treat sleep apnea.

Steve Powell of Planmeca CAD/CAM Division (booth No. 2107) with an E4D milling machine.

Elizabeth Powell Peters, left, and TJ Rawnsborg of Kolibree (booth No. 1812) with their company’s power toothbrush, which comes with an interactive app game for kids.

Consumer products on display at Crest + Oral B (booth No. 2501).

Teal Smallwood of Futudent.

Susan Ketchum, left, and Carmel Stabley of Clipper Magazine (booth No. 648).

Vincent Cacace, left, and Hemali Patel of Dexcel Pharma (booth No. 2947).

Gregory Vogel, left, and Jerry Vogel of Panthera Dental (booth No. 3404), a company that offers devices designed to treat sleep apnea.
DentaPure

What's lurking in your dental unit waterline?

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DentaPure iodinated resin bead cartridges, for municipal or bottle waterline systems, kill bacteria to provide safe water for an entire year.

One simple install. 365 days of pure water.
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They skipped the tablets today.

Someone forgot to shock.

200,000 CFUs today! A new record!

Actual photos of handpiece biofilm
Dental unit waterlines can exceed bacterial allowance standards by as much as 20,000% due to biofilm buildup

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CROSSTEX
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5 ways to increase practice productivity

Part 3 of 3

By Denise Ciardello
Easy Dental Trainer and Co-Founder, Global Team Solutions consulting firm

When I go into practices to triage their business emergencies, I often find the answers are simpler than many thought possible. I have written an eBook with five things you can start doing today to have the most productive and efficient practice. In Part 1, in Thursday’s issue of today, we discussed making a personal connection. In Part 2, we learned about the three Rs.

See your financial big picture
Your practice’s financial health all begins with your financial policy. It’s deceptively simple but consider what you gain when these expectations are set up front:

• When patients will pay their portion.
• Methods of payment your office accepts.
• Explanation of any in-house payment plan.
• Details of third-party patient financing, such as CITI Health Card, CareCredit, etc.

Many of your financial headaches come from trying to resolve issues stemming from your expectations that, for whatever reason, may not have been clear to patients when they received treatment.

Going over your financial policy with patients before doing any work will greatly ease these administrative headaches.

Take a minute to help patients understand
By giving the patients a general idea of what procedures will be covered by their insurance and at what percentage, they’ll know better how to use their benefits intelligently. Then they will understand how and when they are expected to provide payment to you themselves.

Have the financial discussions first
Before you even schedule any appointments for planned treatment where payment will need to come from both the patient and insurance, you need to discuss with patients how much and when they are going to pay.

This is true even in case of emergency treatments. Discuss payment before emergency patients are numbed up, so they can make an informed decision about what they are able to pay for and then offer them only those services.

If the doctor is in the middle of treatment and the treatment plan changes, it can be hard to stop and consider the financial aspects, but if possible, find a place to pause and let the financial coordinator come in and give the patient a quick update. I recommend the assistant be in charge of reminding the doctor, with a cue such as, “Doctor, do we need to have Betty come in and give Mrs. Gonzalez an update on how the insurance may change at this point?”

The bottom line is that having these financial conversations before treatment will prevent awkwardness, unwanted surprises and any hard feelings afterward, so your patients will leave satisfied and happy to come back.

Find these tips and more when you download my free eBook at www.easydental.com/ada.
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Reference: 1. New technology compared to current Cavitron systems
Reference: 2. Steri-Mate® 360 available on G139 Integrated unit only

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CAV27-0715-2

Visit Booth Number #2405
What is more important in your practice: Patient care quality or perception?

There are pros and cons to everything in life, and fluoride varnish is no exception. In the past few years, there has been a movement toward using white (hydrogenated) rosin in fluoride varnish, based solely on the preference of esthetics over efficacy. If you are using a hydrogenated white varnish, your practice has chosen a misinformed perception of varnish capabilities over high-quality patient care.

There are many factors that affect fluoride release of a varnish. A major contributor is the base material — in many cases rosin. Products that solely use hydrogenated white rosin consistently have lower fluoride release compared to StarBright.

Hydrogenated rosins undergo an additional chemical process, which bleaches the rosin by heating the material with hydrogen gas over a metal catalyst — lead, aluminum, nickel, platinum and/or palladium. The second stage of the process removes as much of the metal residue as possible, but it never completely removes these metals.

In addition to the issue of using metal, the chemical processing of the hydrogenated white rosins causes the varnish to be less adhesive than natural-based rosins. Most of the varnishes using this processed rosin do not adhere well to teeth, and those that initially stick to the surface wear off in a few hours after application. When you attempt to brush the varnish off your teeth, and you do not see the varnish on your toothbrush, it proves it is not still adhering at that point. This means that your patients have a much higher possibility of swallowing the fluoride, as well as ingesting trace amounts of metal.

Natural rosins do not use chemicals or metals to change the color of rosin before being added to the varnish. The natural rosins are heated in a still to allow the unwanted materials to be filtered out through phase separation.

StarBright 5 percent sodium fluoride varnish, manufactured by Nanova Biomaterials, Inc., utilizes a natural-based rosin, eliminating the risks of your patients ingesting chemically-altered rosin. It is sweetened with Xylitol and comes in five flavors: caramel, bubblegum, mint, strawberry and cinnamon.

Due in large part to the natural rosin, StarBright has one of the highest fluoride release rates on the market, according to Nanova Biomaterials. It actually stays on teeth, ensuring the fluoride goes to the tooth and not the tummy.

In addition, when applied in a thin layer to dry teeth, the tinted rosin is not visible on the teeth.

So Nanova Biomaterials invites you to ask yourself, what is more important to your practice: Patient care quality or a misinformed perception of varnish?
When people need treatment now, they also need options now.

The CareCredit credit card is a payment option that lets your patients choose the care that’s best for them and helps them get started now—without delay.*

* Subject to credit approval.
Planmeca ProMax S3: Capture interproximal caries extraorally

By Planmeca USA Staff

What if dentists could capture interproximal caries and more extraorally? The Planmeca ProMax S3 makes this achievable with the anatomically accurate extraoral bitewing program, possible only with patented SCARA (selectively compliant articulated robotic arm) technology.

**Here at the ADA**
To learn more about the Planmeca ProMax S3, visit the company’s booth, No. 2003, call (855) 245-2908 or visit www.planmecausa.com.

These extraoral bitewings eliminate gagging and capture a greater number of surfaces for better caries detection versus intraoral modalities* and are especially useful for periodontal patients, children, elderly patients, claustrophobic patients, patients with special needs, patients who gag or patients in pain.

ProMax’s extraoral panoramic bitewings consist of two bitewing images that are focused to expose interproximal contacts and magnified for higher resolution. These images show details from premolar to third molar areas, including parts of the maxilla, mandible and rami.

They are also useful in the placement of temporary anchorage devices (implant abutments) in certain treatments. This captures more clinical data (lateral to third molar) and consistently opens interproximal contacts better than most intraoral methods.

All of this comes without the challenges of sensor placement, the changing of sensor sizes, disinfection and equipment maintenance, helping clinical procedures run quicker and smoother than ever before, according to the company.

The ProMax S3 also offers innovative features for compliance with the ALARA radiation safety principle. Its unique autofocus feature significantly reduces retakes, while adjustable kV and mA settings, as well as horizontal and vertical segmentation, provide the tools to limit radiation based on clinical need.

The unit is software-driven for upgradability, from advanced 2-D imaging programs to cephalometry, one-shot cephalometry, digital impression and cast model scanning, Proface 3-D facial photos and 3-D imaging.

All of the units include open-architecture Planmeca Romexis, a versatile software suite designed to support optimal imaging workflow and usability at chairside.

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* According to “Efficacy of ProMax Bite-wings vs. Intraoral Bite-wings.” For a copy of this study, contact Planmeca USA.
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THE FIRST NANOFIBER
Reinforced Nano-Hybrid
Restorative Composite

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STRENGTH through INNOVATION

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Dental unit waterlines: Update on guidelines, regulations, standards

By Shannon E. Mills, DDS

Guidelines, regulations and standards related to dental water quality all influence the design and marketing of dental equipment, clinical practice and occupational safety. The Centers for Disease Control and Prevention (CDC) “Guidelines for Infection Control in Dental Health-Care Settings, 2003” provide the standard of care for clinical practice relative to dental water quality that inform regulations and enforcement by state dental boards.

CDC guidelines may also be used to establish the standard of care in the course of malpractice litigation.

A recent case report describing fatal legionnaire’s disease linked to contaminated dental water1, along with studies demonstrating high levels of bacterial lipopolysaccharide in dental treatment water2, have raised new questions about the health consequences of biofilm colonization of dental waterlines.

When selecting a device or material to control or eliminate biofilm in dental water, the end user should have knowledge of the regulatory processes and standards and be prepared to ask the manufacturer about relevant approvals and clearances.

The US Food and Drug Administration (FDA) is responsible for protecting the public health by assuring the safety, efficacy and security of medical devices, including dental equipment, instruments and materials. Dental units and handpieces are Class II medical Devices, ultrasonic scalers and dental lasers are currently unclassified. All require 510k clearance to market and laser devices that are sold separately and all require connection to dental units must be registered with the FDA as medical devices. Some states may require registration with their agents must have appropriate approvals and clearances from federal or state regulatory agencies to make anti-biofilm claims. Knowing the basic regulatory framework can help dentists make better informed purchasing decisions in order to ensure the health and safety of patients and health-care workers.

For more information on FDA regulation of medical devices, go to www.fda.gov/MedicalDevices/default.htm. To learn more about EPA registration of products with anti-biofilm claims, go to www.epa.gov/MedicalDevices/default.htm. ANSI/ADA and ISO standards are available at www.ada.org/en/science-research/dental-standards.

Waterline products that claim disinfectant efficacy must be registered with the Environmental Protection Agency (EPA). If not EPA-registered, they can be labeled as waterline cleaners only. Waterline treatment devices that are sold separately and require connection to dental units must be registered with the FDA as medical devices. Some states may also require registration with their environmental regulatory agency.

Biofilm is considered to be a “pest” by the EPA, and therefore, label claims to prevent, destroy, repel or mitigate biofilm on an inanimate environmental surface are pesticidal claims that require registration under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA) — including product efficacy data.

Biofilm expresses unique characteristics and requires unique and relevant test methods for measuring product efficacy. The choice of method will dictate the type of label claim.

EPA has proposed interim guidance for efficacy evaluation of antimicrobial pesticides for treating hard non-porous surfaces contaminated with bacterial biofilm. Registrants and applicants may propose and submit alternative practices to the agency for assessment and evaluation on a case-by-case basis, and this guidance may be updated in the future.

Dental unit design characteristics may be updated in the future by FDA, EPA and state environmental regulators as part of approval and registration processes.

Summary: The manufacturers of dental waterline treatment devices and agents must have appropriate approvals and clearances from federal or state regulatory agencies to make anti-biofilm claims. Knowing the basic regulatory framework can help dentists make better informed purchasing decisions in order to ensure the health and safety of patients and health-care workers.

Here at the ADA

To learn more about DentaPure, which can help with all your water line needs, stop by the booth, No. 3231 in the Tech Expo Arena.

References

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A REVOLUTIONARY 4-META adhesive resin cement system that delivers OUTSTANDING BOND STRENGTH and ADVANCED SEALING PROPERTIES.

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- Superior long-term bond strength.
- No separate etching when using Parkell's unique, low viscosity, self-etch primer.
- Seals and protects the tooth from marginal leakage.
- Dual-cure will also cure in areas where a curing light can’t reach.
- Virtually no post-op sensitivity.

SEcure shows significantly HIGHER TENSILE BOND STRENGTH to tooth structure than most other simplified adhesives.

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In lab tests, self-adhesive cements demonstrate modest tensile bond strength to tooth structure, generally in the 1-3 MPa range. SEcure delivers 2-5 times the bond strength and virtually shuts down marginal leakage.

SEcure® is one of the most affordable resin cement systems available today, providing STRONGER, MORE RELIABLE BOND TO ENAMEL AND DENTIN than other leading brands. How? By way of its penetration enhancing molecule—4-META. This unique monomer quickly and efficiently permeates cut enamel and dentin to form a hybrid layer between the tooth and adhesive resin. SEcure's biocompatibility not only creates a dependable bond between prosthesis and tooth surface, it also occludes patent tubules to guard against external stimuli, bacteria and other sensitivity causing agents. Virtually shuts down microleakage, too, for stain-free margins.

As far as application goes, SEcure is a piece of cake. You start out by conditioning the tooth with SEcure's low viscosity, self-etching primer. Simply allow it to sit undisturbed for 10-20 seconds and then gently blow the liquid for 5 seconds to ensure that the area is not overly wet. That's it!

Next, apply SEcure's resin cement. It flows effortlessly out of its autixon syringe to provide clean, accurate placement of the prosthesis. It's also conveniently dual-curing once in place. You can light-cure it in about 40 seconds, or allow it to self-cure in approximately 2 ½ minutes. This twofold convenience means you can use SEcure for anterior as well as posterior jobs, and in areas where your curing light can't reach—under PFM crowns, down post holes—wherever!

Clean-up is a breeze. Upon seating the prosthesis, you can either immediately wipe away the excess cement while it's still soft, or peel it off after a 2-3 second exposure to any dental curing light.

As for the results? You get a securely placed restoration, a patient who doesn't experience any post-op sensitivity and savings that go directly into your wallet!

If you're not satisfied, call us within 45 days. We'll have it picked up at our expense, and give you a full refund—including your original ground shipping charges (Express shipping will not be reimbursed). Trial offer valid only when product is purchased directly from Parkell, Inc.

Works Great with
New! Brush & Bond
UNIVERSAL

• SEcure® Adhesive resin cement system ($270)....$179.00
  Kit includes one self-etch primer (3ml), one syringe of translucent shade dual-cure resin cement (9g); applicator brushes; 10 mixing tips; and one mixing well.
• SEcure® Self-etch Primer ($271).................$67.25
  Includes one bottle (3ml).
• SEcure® Dual-Cure resin cement..............$113.50
  Includes one (9g) syringe, plus 10 mixing tips. Translucent Shade ($272), White Opaque Shade ($273), Dentin Shade ($274)

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By Henry Schein Dental Surgical Solutions Staff

Henry Schein Dental Surgical Solutions is featuring the new iSy® (pronounced, “easy”) implant system at its booth (No. 2305) here at the ADA. iSy, manufactured by Camlog and exclusively distributed by Henry Schein, was first introduced into the U.S. market during last month’s American Academy of Implant Dentistry annual educational conference.

iSy, a play on the words Intelligent System, is designed to optimize implant treatment efficiency while minimizing the complexity of treatment planning, enabling practitioners to choose a digital, conventional or combined treatment workflow.

The iSy implant system is packaged with everything needed for the clinical team to place and restore an implant. The system includes the implant, a pre-mounted abutment, two multi-function caps (scan body, impression coping, temporary coping, bite registration aide), a protective cap and a final drill. iSy offers clinicians the choice and flexibility to customize implant cases.

“As more surgeons and their restorative partners are driven to deliver high-quality patient care at an affordable price, implementing digital dentistry into the practice offers an opportunity to improve efficiency and enhance patient care,” said Tony Susino, vice president and general manager of Henry Schein Dental Surgical Solutions.

“Henry Schein offers a comprehensive technology portfolio with associated training for dental implant digital dentistry. The CBCT, intraoral scanner, final lab scanner and mill can all be seamlessly connected with the innovative implant concept of iSy. Our customers will have everything they need for an entire implant case, from final drill to final abutment in one package, all supported by Henry Schein and its digital portfolio.”

iSy is optimized for a digital workflow. By partnering with leading technology manufacturers, the system can seamlessly integrate with the diagnosis and treatment plan phase (CBCT); the intraoral digital impression; the CAD/CAM abutment delivery, and the final crown, either during the first stage surgery or at a later phase after healing. Conventional and digital treatment workflows can also be combined to provide a customized final result.
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For the ninth consecutive year, CareCredit donated $100,000 to the ADA Foundation (ADAF) Give Kids A Smile (GKAS) Fund. The $100,000 grant is designated to support Give Kids A Smile through funding of three major initiatives:

- GKAS NASCAR elementary school oral health education events for underserved children.
- ADA Mission of Mercy and Give Kids A Smile oral health education and treatment event.
- GKAS and TeamSmile collaborative oral health treatment events, teaming sports and dental professionals to improve children’s oral health.

Building off the success of previous years, children from underserved communities participated in GKAS NASCAR oral health education events held in Indiana, South Carolina, North Carolina and Alabama earlier this fall. These education events incorporated key messaging from the Ad Council’s 2min2x oral-care campaign, educating and encouraging children to spend two minutes brushing their teeth, twice a day. As in past years, each child who attended the event received free oral-health goody bags.

The grant is also supporting the ADA Mission of Mercy, a one-day free oral health-care event being held in conjunction with the ADA here in Washington, D.C., on Sunday. During the event, dentists and dental team members will volunteer their services in the Give Kids A Smile area to provide up to 200 underserved children with education, screenings, cleanings, sealants, fluoride treatments and needed restorative care.

In the fall, the CareCredit donation also funded several GKAS and TeamSmile collaborative events held in conjunction with professional sports teams. Dentist and dental team members volunteered their time to provide education and free oral-health treatment to underserved children in collaboration with high-profile sports teams.

“Teaming up with the ADA Foundation’s Give Kids A Smile program enables us to deliver a message about good oral health to thousands of parents and children this year,” said Cindy Hearn, senior vice president branding and communications for CareCredit, member of the ADA Foundation Board and GKAS National Advisory Committee, upon making the donation.

“As the founding donor of the ADA Foundation GKAS Fund, we are pleased that our grant will, once again, be used to further support these exciting programs and can, in a unique and relevant way, improve the lives of children who have little to no access to necessary dental care.”

For more information about the GKAS events, visit facebook.com/GiveKidsASmile or follow GKAS on Twitter @GiveKidsASmile.
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*According to "Dosimetry of Orthodontic Diagnostic FOVs Using Low Dose CBCT Protocol" by JB Ludlow and J Koivisto. For a copy of this study, please contact Planmeca USA.
There is a better way (and LVI can show you how to get there)

By Mark Duncan, DDS, LVIF, FAGD, FICCMO, Clinical Director, LVI

You know how those days go — all morning long, it felt like you were struggling to keep on track with the schedule. Your team is frustrated because they haven’t had their full hour lunch more than one day a week in as long as they can remember.

You walked by the sterilization room 15 minutes ago, and it sure sounded like they were complaining to each other because you said to work in that emergency, and they were struggling to figure out how to pick up their kid from daycare on time. Again.

You want them to enjoy working here, but you have to be able to pay the bills. And your best assistant asked you again if she can have that raise you have been promising her. Don’t they understand?

Today will be another day of three chairs and patient after patient asking you questions about treatment, all eager to get started with getting their mouth fixed, but yet you still won’t see any of them show up on the schedule. They said they wanted to do the work, but for some reason, they never seem to come back and do it.

They say insurance doesn’t cover it, or they ask for a pre-determination. Too bad they don’t know the pre-determination doesn’t mean much.

Today, you have 27 patients on your schedule and will work your butt off and still not have a chance to pee. It looks like you should be able to be done by 5, but today will finish worse than yesterday.

It feels like half of your patients are crankier than you are, and your team isn’t really talking to you today, and you know when you get home, all you will want to do is go to sleep and wake up on Saturday — except it’s still Tuesday!

It doesn’t make sense — you have taken C.E. courses every time they come to town. The new insurance plan was supposed to make things easier. You bought a bunch of new equipment to save money on taxes — of course, now you have to pay for it every month — but why does it seem like the harder you work, the further behind you get? There has to be a simple reason.

Well, it turns out there actually is — and it’s something that you learned when you were about 5! Do unto others. More specifically, build systems in your office so that you can treat your patients the way you would want to be treated — comprehensively and with exceptional information to make good decisions — and produce a consistent experience time after time.

While doing that, add exceptional care — esthetic adhesive excellence like you see in the journals. But how?

Well, the answer happens to be the foundation that LVI was built upon — building the excellence in a patient-centered practice. And the programs at LVI have been teaching clinical excellence and communication and business systems for almost 20 years to help doctors do a better job of not only seeing the patient but, more importantly, connecting with them. Two decades of not only communication but comprehensive diagnosis and clinical excellence. As a result, the doctors at LVI have a statistically higher professional satisfaction and income.

Isn’t it time you go find out what they are doing differently? Yes. Yes, it is — and congratulations on the journey you are about to start.
Meet Dr. Roger P. Levin, a nationally recognized practice management expert.

Dr. Roger P. Levin is a 3rd-generation dentist and CEO of Levin Group, Inc., a leading dental consulting firm. A keynote speaker for major dental conferences, he has authored 68 books and more than 4,000 articles.

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